In Focus

Spotlight on the April 22 Issue

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Reduction in perceived stress as a migraine trigger: Testing the “let-down headache” hypothesis

Trigger identification is a mainstay of migraine management. Seventeen patients with migraine kept 3-month electronic diaries. Reduction in stress over 2 days was associated with a nearly 5-fold increased risk of migraine onset within 6 hours, supporting the “let-down phenomenon” that may help identify periods of increased vulnerability and encourage stress management.

See p. 1395

From editorialist Peter J. Goadsby: “What do we tell our patients and what can we do in practice? I have said for many years to patients: be boring—a little grief regularly and no excesses. It is silly advice since it would make life less interesting, although it is in keeping with the study findings.”

See p. 1388

Another face of placebo: The lessebo effect in Parkinson disease: Meta-analyses

The authors evaluated dopamine agonists in Parkinson disease, comparing responses obtained in active treatment arms using an active comparator to those using a placebo comparator. They found a small difference, with greater benefit with an active comparator than a placebo comparator, and the difference was even greater in patients with early Parkinson disease.

See p. 1402; Editorial, p. 1390

Dorsal root ganglionopathy is responsible for the sensory impairment in CANVAS

CANVAS is increasingly recognized as an underdiagnosed cause of late-onset ataxia. The authors describe the underlying pathology of the sensory impairment and translate this into practical tips on clinically diagnosing CANVAS. In patients with

ataxia, consider routine nerve conduction and vestibular testing.

See p. 1410

Stroke and nonstroke brain attacks in children

This study observed symptoms, signs, and etiology of brain attacks in children aged 1 month to 18 years presenting to the emergency department. There was a lower prevalence of stroke in children than in adults, with a different spectrum of disorders. These findings will help develop pediatric emergency pathways to facilitate rapid recognition and diagnosis of stroke.

See p. 1434

Faster cognitive decline in elders without dementia and decreased risk of cancer mortality: NEDICES Study

In this study of 2,627 people without dementia aged 65 years and older, faster cognitive decline, as measured by a 37-item version of the Mini-Mental State Examination, was associated with a decreased risk of cancer mortality. As yet undiscovered mechanisms may either promote a neurodegenerative process or annul other conditions, namely cancer.

See p. 1441

Prevalence of idiopathic normal-pressure hydrocephalus

Idiopathic normal-pressure hydrocephalus is a treatable cause of dementia. In this study, 5.9% of those older than 80 years had clinical and imaging features of idiopathic normal-pressure hydrocephalus, showing it should be considered in elderly patients with cognitive impairment, gait disturbance, and urinary incontinence.

See p. 1449

Late-onset Alzheimer disease genetic variants in posterior cortical atrophy and posterior AD

The authors assessed 81 patients with posterior cortical atrophy (PCA) and 54 with posterior AD vs 2,523 controls for association with 11 single nucleotide polymorphisms (SNPs). The effects of SNPs on disease risk were the same for patients with PCA and posterior AD, and consistent with those for late-onset AD, except for rs3851179.

See p. 1455

VIEWS & REVIEWS

Barriers to investigator-initiated deep brain stimulation and device research

Funding and regulatory barriers threaten clinician-initiated neurologic device research. In reviewing limitations to clinician-initiated device-based clinical trials, careful reformulation and alignment of funding and regulatory mechanisms are critical for enabling clinician-initiated device research.

See p. 1465

NB: “Like it or not,” see p. e136. To check out other Reflections: Neurology and the Humanities submissions, point your browser to Neurology.org.

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